BEST AVAILABLE COPY

Applica										cket Numb	er
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 OSSUGUE O											
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY											
FO	R	NUMBER	NUMBER FILED		NUMBER EXTRA		Έ	FEE		RATE	FEE
BAS	SIC FEE							345.00	OR		690.00
TO	TAL CLAIMS	u	<i>W</i> minus 20=				X\$ 9=		OR	X\$18=	
IND	EPENDENT CLA	ims 2	minus 3	= • •	* 47		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	1090
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							LL I	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	0.0	Minus	20	=	X\$	9=		OR	X\$18=	
	independent	. 2	Minus	··· 2	=	X3			OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					.12	Λ			+260=	
			-			+13	O= DTAL		OR	TOTAL	
			•		(O-1 0)	ADDIT.	FEE		JOR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** .	=	X\$	9=		OR	X\$18=	
	Independent	•	Minus	***	e ·	ХЗ	9=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	0=		OR	+260=	
							OTAL FEE		OR	YOTAL	
(Column 1) (Column 2) (Column 3)											
SNTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	•	Minus	••	. =	X\$	9=		OR	X\$18=	
MEN	Independent	•	Minus	***	#	хз	9=		OR	.X78=	

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-075 (Rev. 12/99)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

+130=

+260=

TOTAL ADDIT, FEE